P15000065623

(Red	questor's Name)	
(Add	dress)	
	dress)	
(City	//State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL MAIL
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2019 DEC -2 PH 12: 35
SECRETARY OF STATE

O SIMMONS JAN - 9 2020

COVER LETTER

Amendment Section Division of Corporations

ME OF CORPORATION: Bridge of Life SUPPORT SECULLES INC.
CUMENT NUMBER: P15 90065623
enclosed Articles of Amendment and fee are submitted for filing.
ise return all correspondence concerning this matter to the following:
Brenda Shade-rowe Name of Contact Person
Bridge of life Support Services Inc.
2111 Bectice Dr.
Orland J F J 3 Z 8 1 d City/ State and Zip Code
Parily health (are by gahoo. com E-mail address: (to be used for future annual report hotification)
or further information concerning this matter, please call:
Brenda rowe at (407), 924-4843 Name of Contact Person Area Code & Daytime Telephone Number
Inclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Taflahassee, F1, 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Taflahassee, FL 32301

Articles of Amendment

-10

Articles of Incorporation

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Bridge Of Cife Supportion as currently	-1 Services	Inc.
P15000065	Corporation (if known)	
suant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation add	opts the following amendment(s)
If amending name, enter the new name of the corporation:		
AU		The new
ne must be distinguishable and contain the word "corporation orp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Crd "chartered," "professional association," or the abbreviation "I	'o". A professional corporat	ated" or the abbreviation
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	NA	DEC-2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	PM P: 35 OF STATE ASSEE, FL
If amending the registered agent and/or registered office addra- new registered agent and/or the new registered office address:		of the
Name of New Registered Agent Breach S	Shade-rouse eerfield rd	
New Registered Office Address: Orlando	1 -	Florida 32846 719 Code
w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations	of the position.
A Buch Shut	le <u>Loul</u>	

ending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ess of each Officer and/or Director being added:

ch additional sheets, if necessary)

e note the officer/director title by the first letter of the office title:

President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief mive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office President, Treasurer, Director would be PTD.

iges should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is ange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, : Jones, F as Remove, and Sally Smith, SV as an Add.

mple: Thange	PT John	<u>ı Doe</u>	2019 SEC T/
Remove	<u>V</u> <u>Mjk</u>	e Jones	2019 DEC -2 SECRETARY TALLAHA
Add	SV Sall	y Smith	
be of Action seck One)	<u>Title</u>	<u>Name</u>	Address Maria D
Change	CEO	Dianna E. Herron	2111 Bectarker Dr.
Add .			Orlando, Fl 32810
_X Remove			
Change	<u>COO</u>	Derrick Duequan Lerr	O-lando, Fl 32810
Add Remove		·	<u></u>
)Change	0_	Dynasty Herron	2111 Beatrice Dr Driando, Fl 32810
Add Remove			Orthon, I Jesio
() Change	Clo	Brenda Snade-Yow	e 5806 Deerfield rd Orlando, Fl 32698
Remove			
51 Change Add	CEO	Tamara Shade	2201 motel motley vay
Remove			Turares, Fl 32779
6) Change			
Add			
Remove			

Bridge 6	of life Shar	cres are as (isted			
31 enda Cmara	Shade -	-1 5h 1 5hare	are			
Brenda		- Ownes	750/0	Of	bys'in	وكح
Cmara	Shade -	Ownes 2	5º/0 OF	bu	SineSs	
				SEORI TAL	2019 D	17 ok ej
				ETARY OF LAHASSEE	DEC -2 PH 12:	
If an amendment	provides for an exchange	, reclassification, or cancellation	on of issued shares,	STATE	35 35	j
(if not applied	uble, indicate N A)	nt if not contained in the amer	idment itself:			
Brenda	Mill					

tate of each amendment(s) adoption:	, if other than the
his document was signed. tive date if applicable: 111 16 209	
tno more than 90 days after amendment file date)	
: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.	not be listed as the
ption of Amendment(s) (CHECK ONE)	
he amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder $\frac{1}{2}$	2019 DEC
Dated 11 12 2019 Simpature Color Simpature Col	C MENT
Signature SSE	PH 12: 35
(By a director, president or other officer - if directors or officers have not been $\frac{\omega_0}{\omega_0}$	-ਲ਼ Ú
selected, by an incorporator – if in the hands of a receiver, trustee, or other count appointed fiduciary by that fiduciary)	ယ္
Typed or printed name of person signing)	
$\bigcap \mathcal{G} \bigcap$	
(Title of person signing)	